AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING		(X3) DA	NO, 0938-03 ATE SURVEY PMPLETED
NAME OF E	PROVIDER OR SUPPLIER	09G120	B. WING	G		04/08/2011
INDIVIDE	JAL DEVELOPMENT,		· :	STREET ADDRESS, CITY, STATE 2620 24TH STREET, NE WASHINGTON, DC 2001	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED	CF CORRECTION	COMPLETIC DATE
W 000	INITIAL COMMENT	rs .	Woo			
W 120	fundamental survey sampling of three classification population various levels of interesting the fundamental population various levels of the subservations in the lapprograms, interviews the day programs, aclinical, administratival including a review of 483.410(d)(3) SERVOUTSIDE SOURCE	curvey were based on nome and three day with staff in the home and swell as a review of the re, and habilitation records, the unusual incident reports. ICES PROVIDED WITH S	W 120	Department o Health Regulation & Licen Intermediate Care Fa 899 North Capits Washington, D.	of Health Using Administration Pacilities Division Ol St., N.E.	
E	This STANDARD is Based on observation eview, the facility fair ervices met the nee	not met as evidenced by: n, interview and record ed to ensure that outside ds, for one of the three sample. (Client #3)				
'	he findings include:	(· · · · · · · · · · · · · · · · · · ·
i re	emained in her whee	ailed to ensure Client #3 ichair while she ate her ed by the occupational				
he O A	rvealed Client #3 sea er wheelchair, while a bservations conduct pril 6, 2011, at 12:50	ed at the day program on p.m., revealed the staff				
RATORY DI	RECTOR OR PROVIDER	SUPPLIER REPRESENTATIVES SIGNA		TITLE		(X8) DATE
		Sterisk (*) denotes a deficiency which ion to the patients. (See Instructions.) a plan of correction is provided. For it is provided available to the facility. If de	the institution			

SIVIEM	ENT OF DEFICIENCIES IN OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	OMB NO	M APPROVI 0. 0938-03 SURVEY
			A. BUILDING	3	COMP	LETED
		09G120	B. WING		1	
	F PROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, I'P COD	04/	08/2011
INDIV	DUAL DEVELOPMENT		26	20 24TH STREET, NE ASHINGTON, DC 20018	<u>,</u>	
∵(X4) ID PREFI)	\ \CAGHUEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	, ID	PROVIDER'S PLAN CF CORR		, .
***TAG	- ILEGERIORY OR	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	401 K & BE	COMPLETION DATE
W 12	:	ge 1	W 120			
÷	transferred the clier	nt from her wheelchair to an	VV 120			1 .
	ા aiiii Misir St the Csi	Biglia lable to set her week	1			!
	allowing allowing	ion revealed the client sat low g her face to touch the table	ı i			
.	as sub leatied OASL	At 12:53 nm the day	İ		and the garage of	i Santana
	FULL PILOT STATE DISCO	rt the cliente lunch in écono	l' }			33.5
	TOTAL WITH S LEKING 1	the client began to eat her motion to move the food from	i			
	and brace with USL UK	outh with hand over hand	' <u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	k or general States
	assistance.	1			}	
<i>:</i> .	On April 7, 2011, at	approximately 1:00 p.m.,			្សំ ខេត្តប្រ	7.77045
	1 GALCA OF CHEUL \$3.2	OCCUPAtional thereas:	ĺ			era Paul museus
હતી. વર્ષ	POIRD THEMSSPECTOR	1)900mhar 10, 0040	!		!	
i N	· miredicijaji wijije esti	as required to sit in her ng, to allow her to be at her	ı		وليونام مرمود والمعادات	FEAT IN COLUMN TO THE RESIDENCE OF THE PARTY
. 4	Abarries newlif slip of	STADCA from hor white At		· ·	1 (E)	nage Colebra i Pringe
	: abbinvilligidid 1:12 D	.M COVIDE Of her modeling	}		1.0	Owne
	seated at 90 degrees	client was required to be in her wheelchair.				arter or consequences
	On April 7, 2011, at 3	:55 p.m., interview with the				i
	LEAMING OF CHAMILLER FULC					
٠	Validated sue	had previously trained the on Client #3's mealtime	İ			
. ;	protocol.	on Chefit #3 s meanime			4.	
į	Percent residence as a		1			2,343.79
	11:00 a.m. revealed a	il 8, 2011 at approximately n in-service training form	j			F 9
	TOUGHOU IT ZUTT	WD/CD verified the	j		į.	(;
1 .	medicitie LLOCOCO ILUS	ning had been provided as	I			
i	1:10 p.m., revealed the	a day program at a	i			the second
, ,	Accommend by Alfa MILD	Of Cijent #3'# Monkins	•		j	1
i	Protocol on April 8, 20	11,	1		1	<u>;</u>
1 2	2. The day program fai	led to ensure that Client #3			i	
	AAAII AA IAAA III T III II	CONSISTANT WITH has	:		:	
þ	rescribed dietary need	ds, as evidenced below:	[1

AND PLAN OF	OF DEFICIENCIES CORRECTION	TH AND HUMAN SERVICES RE & MEDICAID SERVICES (X1) PROVIDENSUPPLIENCIA			FRINT	ED: 04/28/
	CORRECTION	IDENTIFICATION NUMBER:	(X2) MU	LTIPLE CONSTRUCTION	OMB	RM APPRO 10. 0938-0
•			A BUILD	SING SINGS TON	((A3) DAT	Fâliones
VAME OF CO.		09G120	B. WING		COM	PLETED
AMIC OH NEC	MIDER OR SUPPLIER				- 1	
NDIVIDUA	L DEVELOPMENT	1840	5	TREET ADDRESS, CITY, STATE ZIP	04	/08/2011
					CODE	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC 20018		
TAG	REGULATORY OR	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	40	PPCNADERIO AL		
		THE MANORMATION)	PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS REFERENCED TO THE	ORRECTION	- CG0
W 120 Co	ontinued From pa			CROSS REFERENCED TO THE	E APPROPRIATE	COMPLETE DATE
•	Parison From Paris	ga 2	10/ 400)	
; O n	April 5, 2014	5.46	W 120			4
Ser	ved ground chick	6:45 p.m., Client #3 was en, collard greens and whole SUD home. On April 9	1	This Standard will be med as evidenced by:	t '	4/8/11
Chil	Deans at hor and	The School of State whole	1	VII 4/8/11 the OTERS	,	On goin
41.1	2.03 nm ob		į i	CONCIDENCE OF THE PARTY.		1
: DITO(Diam revented on	TON ACT IS DON'THE	ļ !:	uduling at Client #27. D.		i
mea mail:	i for lunch that or	ent #3 was served a pureed onsisted of chicken.	!!!	VICIALLI OD DET Manie		_
: -40	bage, rice and be	ans,		TOUGOL IDENIANA	r	
Inter	View with the co		íi.	Illeartime months - T	·	
at 3:	65 D m several	lity's QIPD on April 7, 2011,); '	anamion the Olypo	I	
, crauni	PO OD Clinat was	The say program was	f 1	Drovided the days		
, 8. 20	11 21 0000	Medicine blococol On April		" · ··································	.1	
urese	Mind a general	. Y TYPE PURE INCIDED I			1	
Abril	8. 2011 Which	and induice speet dated	: 4	THE CODING ACTION	!	i
progri 160: 405 -	am staff on the m	cumented retraining of day lealtime protocol.		IVILLILY CAY DYNAMA	1	
RETA	30(a) QUALIFIED RDATION BROSE	MENTAL	,		j	i
1	RDATION PROF	ESSIONAL	W 159	ic training as provided,		- 1
Each	dent's active	itment program must be			, i 46.	22/11
Integra	ited, coordinated	and monitored by a	1		(1)	n-going
qualifie	ed mental retards	and monitored by a tion professional.	1	•		j
		Professional		·	` i	- 1
This On	PANDAD-	1	ļ]	- 1
Baser	NUARD is not	met as evidenced by:	1		,	1
FBViALV	the facility	INTERNATION BUCKEY	1			- 1
Drofess	ional annual duel	nac intellectral	i		į	
active to	Antmost	U) railed to ensure the	1		<u> </u>	
COOMIN	Ited and was "	AND HANDSISTED	İ		i	- 1
clients ir	the sample. (Cli	Bhts #4 and #6	t		. 1	- 1
The #-	F 1 WIII		1		- 1	1
ing lingi	ngs include:		•		! -	1
!	#5** *	J	!		İ	I
1. The O	مه بحواها (۱۹۱	1	1		1	j
treatment	Was provided to ensu	ne continuous active	í			1
(See W24	19)	Clients #1 and #3.	ŧ		j	}
	-	1	1		1	ł
87/00 pm =			1		ľ	1
~. (AX-AB) (-184)	ous Versions Obsolste	Event ID: Q10X11			.	1
		~×=== N.C.1OX44	Pacifity ID: 09			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	H AND HUMAN SERVICES E & MEDICAID SERVICES (X1) PROVIDERSUPPLIERCIA			7-01	ED: 04/28/2 RM APPRO
	IDENTIFICATION NUMBER:	(XZ) MULTIPLE	CONSTRUCTION		NO.0036-0
·	00000	A. BUILDING		COM	E SURVEY
NAME OF PROVIDER OR SUPPLIER	09G120	B. WING			
NDIVIDUAL DEVELOPMENT,			ADDRESS, CITY, STATE ZIP CODE 4TH STREET, NE IINGTON, DC 20018	04	V08/2011
REGULATORY OR LE	C IDENTIFYING INFORMATION)	PREFIX	PROVIDERS PLAN OF CORRECTIVE /K/TION SH ROSS REFERENCED TO THE APP DEFICIENCY	CTION CULD BE	COMPLETIO
2. The OIPD follows		W 150	DEFICIENCY	ROPRIATE	GATE
individual processes	an was documented in the the monitor Client #3/s	This as evi	Standard will be met denced by:		4/22/11 On-going
For employment when	ork with clients, training	W 192 #3 beh docum imples #3 has	ig to DSP staff on client savior guidelines sentation and nentation. Individual a behavior guideline: ows proscrive	· ,	
review, the facility failer demonstrated compete of the clients, for one of sample. (Client #3) The finding includes:	three clients in the	behavic BSP. O discuss for inpu	ies to redirect hand ng/hand biting or. This is not a formal 2DDP will continue to guidelines with IDT n/update on quarterly d changes will be deemed necessary by	ļ	
On April 5, 2011, at 5:45 cheerved eating ground of greens, and whole chill be at 3:55 p.m., the client was unbroken sun chips for an nutrition assessment at a chips for an ordinary and a chips for	p.m., Client #3 was chicken nuggets, collard cans. On April 6, 2011 is observed eating pack. Review of the		' .		
recommendation for a low high fiber, 1500 calorie, m chopped firm and string ve and string beans) diet. Milintellectual professional pethat the sun chips were recommended bits size pieces and that the have been finely chopped.	olst flow cholesterol, olst ground meat, finely getables (i.e. greens nutes later, the qualified rson (QIPD) indicated				
67(02-99) Previous Versions Obsolete	<u></u> ;	İ		1	1
A	Event ID: Q10X11	Facility ID: 09G120	<u></u>	1	ı

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DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES					0: 04/28/2011
		& MEDICAID SERVICES			•		1 APPROVED), 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE S	SURVEY
		09G120	B, WI	/ @		04/	08/2011
NAME OF	PROVIDER OR SUPPLIER	•		STR	REET ADDRESS, CITY, STATE, ZIP CODE		30/10/1
INDIVID	UAL DEVELOPMENT,	INC.		20	620 24TH STREET, NE VASHINGTON, DC 20018		·
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ΙD	<u> </u>	PROVIDER'S PLAN OF CORRECT	TION	
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREF		(BACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	HIORE	COMPLETION DATE
W 192	Continued From pa	ide 4	W-	102	W192		
		approximately 4:00 p.m.,	**	182	This Standard will be met		4/22/11
	review of the physic	an's orders dated March 1,		ļ	as evidenced by:		On-going
	2011, revealed the	dient's prescribed dietary			On April 7, 2011, an in-		Bourte
	i order was low fat, ic	w cholesterol, high fiber 1500 i		İ	service training was		!
: .*	calorie, moist groun	id meat, finely chopped firm			conducted by QDDP on		ì
<u>.</u>	and string vegetable	es (i.e. greens and string		. '	Client # 3's Mealtime		
• 4.700	peans), and small p	ite size bread, pastries, >anned and fresh fruit.		i	Protocol, including diet and		1
**7 .	Minutes later, review	w of the mealtime protocol		ł	meal texture/consistency.		:
	revealed, "[the clien	it] has poor range of			In addition, April 22, 2011,		
	movement of the or	al peripheral mechanism and		i	the Speech and Language		i
٠.	lack of natural denti	tion. This impacts her sate			Pathologist conducted an in-		
	and adequate dieta	ry intake. Strict adherence to		İ	service training on all Client		
	; the established mea	altime guidelines will increase		ŀ	Mealtime Protocols,		. 1
	well as decrease the	adequate nutritional intake as			•		
•	experiencing chokin	g, aspiration and aspiration			including food/liquid		i I
	related illnesses."	,		Ī	textures. The facility		
		;		;	management/Speech		1
	Review of the facility	y's in-service training records			Pathologist will routinely		
	on April 6, 2011, at:	approximately 4:30 p.m.,		ľ	train staff on Client # 3's		']
	teveaked that all state	ff had received nutrition		ļ	Diet and provide on-going		, I
	evidence that training	er 19, 2010. There was no			monitoring to ensure		1
W 249	483.440(d)(1) PROC	SRAM IMPLEMENTATION	W2		compliance with training as		i
		i	47 Z	→ 3	set forth and will		, !
	As soon as the inter	disciplinary team has		:	administer a test to	;	!
	formulated a dient's	individual program plan			determine the effectiveness		
	each client must rec	eive a continuous active		Ī	of the training.	;	!]
i	ueaument program c	consisting of needed rumber		ļ	•		. 1
	and frequency to sur	pport the achievement of the					
	objectives identified	in the individual program				•	' j
į	plan.	Figure 1		!		j	i i
ļ		:		j			
1	This STANDARD is	not met as evidenced by:				! }	
ļ	based on observation	n, staff interview and record					

		I AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/28/2011 APPROVED 0933-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		PLE CONSTRUCTION G	(X3) DATE ST COMPLE	
		09G120	8. WI	NG_		04/0	8/2011
NAME OF P	ROVIDER OR SUPPLIER			1 -	REET ADDRESS, CITY, STATE, ZIP CODE		ļ
INDIVIDU	IAL DEVELOPMENT,	INC.		ŧ .	620 241'H STREET, NE VASHINGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PRET TA(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIEMENCY)	ULD BE	(XS) CORPLETION DATE
W 249	Continued From pa	age 5	W	249	W249		4/22/11
•	professional perso clients received co	s qualified intellectual n (QIPD) failed to ensure ntinuous active treatment, for			This Standard will be met as evidenced by:		On-going
	two of the three cli (Clients #1 and #3	ents included in the sample.	٠		1. QDDP has provided refresher training to DSP		
	The findings includ	le :			staff on Client #1's		
•		April 5, 2011, at 5:17 p.m.,			Client #1's Individual		1
,		ed practical nurse (LPN) from the living room to the			Program Plan. QDDP will		!
٠, ٠		snack. As they walked to the		•	routinely review program		}
	kitchen, the LPN to	old the client she was going to			implementation		•
	get her a snack; he	owever, the LPN decided not to In an interview with the LPN			/documentation and conduct		ļ
	she stated "I gave	her a snack in her bedroom			on shift visits to ensure		i
• •	around 2:00 p.m.,	so I decided to wait until after			compliance with training as		!
		m., the direct support staff to the dining room for dining.			outlined.		
į.	1	-	!		2. Cross reference W192. In		
:	Review of Client #	1's individual program plan	İ		addition, QDDP has		
	(IPP) dated July 20	010, on April 7, 2011, at 8:50 objective for Client #1 to use		•	provided refresher training		;
.,	her low tech com	nunication device accompanied	ļ		to DSP staff on Client #3's		;
: . ,	, by manual signs a	nd tactile cues to express her	:		choice making strategies.]
•		On April 7, 2011, at 9:25 a.m., It's speech and language			QDDP will review		
ı -		oril 6, 2010, revealed a			documentation-and-conduct		1 .
'	recommendation t	hat stated "Given touch	i		routine monitoring of		
	prompts accompa	nied by manual signs and	ļ		program to ensure		!
	tactile cues, the c	lient] will utilize a low tech voice	!		compliance with training as		i
		tion device (Go Talk) on a daily our basic wants and needs."	į		outlined.		
	Interview with the	QIPD and the house manager	ļ		· :		
	on the same day a	it 5:00 p.m., acknowledged that	, 1		1		
. '	the direct support	staff did not implement Client			1		1
) 	#1's communication of the client's "Go	on goal, which required the use Talk" device.	\ :		i i		
19/1.		,					

PRINTED: 04/28/2011

DEPART	TMENT OF HEALT	H AND HUMAN SERVICES					: 04/28/2011 APPROVED
CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			·		0938-0391
STATEMENT AND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLI ILDING	E CONSTRUCTION	(X3) DATE S COMPLE	UR\EY
		09G120	B, WI	NG		04/0	8 <i>/2.</i> 011
NAME OF P	ROVIDER OR SUPPLIER			STREE	IT ADDRESS, CITY, STATE, ZIP COL		012.41
INDIVIDU	JAL DEVELOPMENT	, INC.		2620	24TH STREET, NE SHINGTON, DC 20018	~	
(X4) ID "PREFIX "TAG	i (EACH DEFICI EN (ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
W 249	Continued From p	age 6	w:	249			
;	At no time during to observed implementation go	the survey was any staff enting the client's al.		:			
	implemented Clien	ence that the facility at #1's communication training mended in the IPP.					
	revealed the direct what she wanted for	April 5, 2011, at 4:40 p.m., support staff asked Client #3 or a snack. Shortly afterwards, re staff asked, "What did she					·
	say?" The direct supplement a bowl of a At approximately 5	upport staff did not respond and pple sauce in front of the client. 1:00 p.m., the direct support					
	staff indicated that However, the clien provided a choice	Client #3 was nonverbal. t was not observed to be of snacks. At 4:56 p.m., the placed a communication		ļ			
· į	device in front of the hungry" button. The	e client and pressed the, "I'm e direct support staff then u feel?" At 4:57 p.m., the direct			:		
į	support staff took to away from the client support staff places	the communication device of the At 5:03 p.m., the direct of a "Busy Bee" game in front of o.m., the direct support staff					
• • • • • • • • • • • • • • • • • • • •	placed the client's	dinner in front of her.		Ì	•		
	April 7, 2011, at 2:(objective for Client output (cheap talk) communicate basic and well being to p	B's IPP dated July 2010, on 20 p.m., revealed a training #3 to use a low tech voice with touch prompts to a wants and emotional status ersons in her environment. On a proximately 2:30 p.m., review			· :	· 	
	of the client's speed dated July 8, 2010,	ch and language evaluation revealed a recommendation touch prompts [the cilent] will			:	 	

		H AND HUMAN SERVICES E & MEDICAID SERVICES				FORM	0: 04/28/2011 MAPPROVED 0: 0938-0391
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		NSTRUCTION	(X3) DATE (COMPL	SUR'/EY
		09G120	B. WING			044	08/2011
	PROVIDER OR SUPPLIER UAL DEVELOPMENT		s	2620 241	ORESS, CITY, STATE, ZIP CODE H STREET, NE NGTON, DC 20018		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION)	ID PREFIX TAG	¢1	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH ROSS-REFERENCED TO THE AP DEFICIENCY)	40ULD BE	(XS) COMPLETION DATE
W 252	Interview with the Con the same day at the direct support s #3's communication of her "Cheap Talk" During the survey, observed to use the timplemented Client as recommended it 483.440(e)(1) PROData relative to acc specified in client in objectives must be terms. This STANDARD is Based on observative review, the facility fistaff documented a accordance with the for one of the three #3) The finding includes Observation on Apr	pice output device (cheap talk) asic wants and emotional status ersons in her environment." AIPD and the house manager t 5:00 p.m., acknowledged that staff did not implement Client in goal, which required the use. " device. the direct support staff were e communication device with ne minute. ence that the facility t #3's communication program in the IPP. GRAM DOCUMENTATION complishment of the criteria advidual program plan documented in measurable s not met as evidenced by: on, interview and record siled to ensure direct support Il target behaviors in the behavior support plan (BSP), clients in the sample. (Client	W 24	W252 This sas evi On A condu- trainin imple docum 3's Bo The R docum ensure trainin QDDI docum coord	Standard will be met idenced by: pril 22,2011, QDDP neted an in-service ing on the imentation and mentation of Client # chavioral Guidelines. ID will review the inentation weekly to be compliance with ing as set forth. The P will monitor the inentation monthly and linate routine training aff annually and as		
	revealed Client #3 b	piting her hand as she played game. The direct support staff			,	•	.

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NAME OF PR INDIVIDUA (X4) ID PREFIX TAG	OF DEFICENCIES CORRECTION OVIDER (IR SUPPLIER AL DEVISLOPMENT, SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE COntinued From pagimmediately remove At 5:06 p.m., the clical again. The direct su stop, and then remove	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) Je 8 Ind her hand from her mouth	A. BUILD: B. WING ,		OMB NC (X3) DATE 3 COMPL ODE	
NAME OF PR INDIVIDUA (X4) ID PREFIX TAG	CORRECTION OVIDER (IR SUPPLIER AL DEVILLOPMENT, (EACH DEFICIENCY REGULATORY OR LE Continued From page immediately remove At 5:06 p.m., the click again. The direct su stop, and then remove the continuent of the continuent of the click again.	IDENTIFICATION NUMBER: 09G120 INC. TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Je 8 Job her hand from her mouth	A. BUILDI B. WING ST ID PREFIX TAG	TREET ADDRESS, CITY, STATE, ZIP CO 2620 24TH STREET, NE WASHINGTON, DC 20018 PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	O4/6	08/2011
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page immediately remove At 5:06 a.m., the clik again. The direct su stop, and then remo	INC. TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Je 8 Jed her hand from her mouth	ID PREFIX TAG	TREET ADDRESS, CITY, STATE, ZIP CO 2620 24TH STREET, NE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PDE RRECTION I SHOULD BE	(XS)
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page immediately remove At 5:06 a.m., the clik again. The direct su stop, and then remo	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) Je 8 Ind her hand from her mouth	ID PREFIX TAG	2620 24TH STREET, NE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PDE RRECTION I SHOULD BE	(XS)
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From page immediately remove At 5:06 p.m., the clical again. The direct su stop, and then remo	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) Je 8 Ind her hand from her mouth	ID PREFIX TAG	2620 24TH STREET, NE WASHINGTON, DC 20018 PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	RRECTION I SHOULD BE	(X5) COUPLETION DATE
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, i	immediately remove At 5:06 o.m., the clic again. The direct su stop, and then remo	d her hand from her mouth	W 252			ŀ
, i	immediately remove At 5:06 o.m., the clic again. The direct su stop, and then remo	d her hand from her mouth		>		!
	lowever, a couple recontinued to bite he	pport staff asked the client to wed her hand from her mouth. Minutes later, the client				
: # F E E E E E E E E E E E E E E E E E E	f3's BSP, dated Aughand mouthing and library targeted mad 3SP also instructed behaviors on the "dalatica" a.m., review on the start for April 7, 20 alled to document elemandaptive behaviors maladaptive behaviors and saled to document elemandaptive behaviors and maladaptive behaviors and maladaptive behaviors and maladaptive behaviors.					
p s	lisability professiona .m., it was acknowle taff is required to do naladaptive behavio	ors.				
d d	rimary largeted mal	evidence that Client #3's ladaptive behaviors were ired by the psychologist. ICIAN SERVICES	W 322			
g g	he facility must pro- eneral medical care	vide or obtain preventive and		:	. 1	
E P	ased on observation eview, the facility fail ealth services were	not met as evidenced by: n, Interview and record led to ensure preventive Implemented in accordance of three clients in the				

		AND HUMAN SERVICES				FORM); 04/28/2011 IAPPROVED), 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) M		PLE CONSTRUCTION IG	(X3) DATE S	BURVTY
		09G120	B. WI	NG_		04/	0 8/2 011
	ROMDER OR SUPPLIER JAL DEVELOPMENT,	INC.		2	REET ADDRESS, CITY, STATE, ZIP CODE 620 24TH STREET, NE VASHINGTON, DC 20018		1912 V 1 1
(X4) ID PREFIX YAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ïX	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	KOLIED RE	CCMPLETION DATE
W 322	Continued From passample. (Client #3) The finding includes	·	W	322	This Standard will be met as evidenced by:		4/22/11 Ou-going
	implement measure recommendations be Client #3's elevated below: Review of Client #3' 2011, at 12:11 p.m., the client had a Dilarange: 10 -20 mcg/r "toxic." Continued non March 23, 2011, (PCP) ordered to ho and that the order w 25, 2011, the Client neurologist. The neurologist	sy the neurologist, to decrease serum dilantin, as evidenced serum dilantin, as evidenced serum dilantin, as evidenced serum dilantin, as evidenced serum dilantin level of 54.5 (therapeutic ni), which was documented as eview of the record revealed the primary care physician did the Dilantin for three days, as implemented. On March #3 was evaluated by the primary care physician did the Dilantin for three days, as implemented. On March #3 was evaluated by the primary care physician at 100 mg TiD. The on April 7, 2011 at 1:15 in March 25, 2011, the prendation were discussed.			Pursuant to IDI Policies and Procedures (see listed below) all nursing staff will be retrained on communication with PCP in collaboration with consultant specialist recommendations, subsequent orders, lab work and seizure management records. Section L, Number 1: Laboratory Work Section M, Number 1: Medical Appointments Section P, Number 1: Physician Order Sheets and Medication Administration Records Section S, Number 1: Seizure Management Section S, Number 5:		
	revealed that the clie March 26, 2011 and 30, 2011. The review 31, 2011 revealed th still elevated (45.3 m There was no eviden	ce the neurologist's					
_ :	and if level falls betw	repeat the Dilantin level, een 10 -20, resume Dilantin addressed, prior to resuming		İ	· 		

		AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED: 04/28/2011 FORM APPROVED OMB NO. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
		09G120	B. WING	<u> </u>	04/08/2011
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	
INDIVID	UAL DEVELOPMENT,	INC.		2620 24TH STREET, NE WASHINGTON, DC 20018	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
W 322	Continued From pa	ge 10	W 32	22	
	Client's Dilantin dos				—— <u> </u>
W 331	483.460(c) NURSIN	IG SERVICES	W 33	31 W331	· EMan
	The facility must pro- services in accorda	ovide clients with nursing nce with their needs,		This Standard will be met as evidenced by:	5/13/11 On-going
•	Based on interview failed to ensure nur	s not met as evidenced by: and record review, the facility sing services were provided in a needs of one of three clients		Pursuant to IDI Policies and Procedures (see listed below) all nursing staff will be retrained on communication with PCP	
	The finding includes			in collaboration with consultant specialist	
 :.	2:25 p.m., revealed February 7, 2011. A client was evaluated	s record on April 5, 2011, at an incident report dated according to the report, the lat the emergency room due eizures within fifteen minutes.	.•	recommendations, subsequent orders, lab work and seizure management records. Section L, Number 1: Laboratory Work	
	Observation during to April 5, 2011 at 8	the medication administration 1:16 p.m., revealed the client stin, one of her seizure		Section M, Number 1: Medical Appointments Section P, Number 1: Physician Order Sheets and Medication Administration	
	p.m. revealed the cli address her seizure medication was on h level. Further intervi-	ent was prescribed Dilantin to disorder, however the hold due to an elevated blood aw with the nurse on April 6,		Records Section S, Number 1: Seizure Management Section S, Number 5: Shift Duties and Responsibilities	
	2011 at 2:40 p.m., re had been on hold sin	evealed the client's Dilantin nee March 31, 2011.			
	2011, at 12:11 p.m., the client had a Dilar range: 10:-20 mcg/m "toxic." (Continued re	s medical record on April 7, revealed on March 23, 2011, htin level of 54.5 (therapeutic hl), which was documented as eview of the record revealed			
RM CMS-256	67(02-99) Previous Versions [Disclete Event ID: Q10X11		acilia Droccisa	

				FORM	: 04/28/2011 IAPPROVED), 0938-0391
IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLI	URVEY
	09G120	B. WIN	ß	04/0	8/2011
	INC.		STREET ADDRESS, CITY, STATE, ZIP CO 2620 24TH STREET, NE WASHINGTON, DC 20018		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		X (EACH CORRECTIVE ACTION	i SHOULD BE	(X5) COMPLETION DATE
on March 23, 2011, (PCP) ordered to he	the primary care physician old the Dilantin for three days.	W	W331 This Standard will be met as evidenced by:		5/13/11 On-going
p.m., however, rever Client #3 was evaluated and if level falls Dilantin at 100 mg Tapril 7, 2011 at 1:15 client's Dilantin was and was continued a review of a lab reportevaled the client's elevated (45.3 mcg/tat the time of the suttat the a repeat ser recommended by the resuming Client's Dilantin D	aled on March 25, 2011, the lated by the neurologist. The lended to repeat the Dilantin is between 10 -20, resume. The late of the MAR on it is p.m. revealed that the resumed on March 26, 2011 until March 30, 2011. The rt dated March 31, 2011 serum dilantin was still mil). Invey, there was no evidence rum Dilantin was obtained as a neurologist, prior to lantin dosage. STORAGE AND	W 3	Medication Administration Records Section S, Number 1: Seizure Management Section S, Number 5: Shift		
Based on observation failed to store drugs security for one of signality. (Client #3) The finding includes During the medication	un and interview, the facility under proper conditions of x clients residing in the an administration on April 5.		Dunes and Kesponsibilities		
	RS FOR MEDICARE IT OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER UAL DEVELOPMENT, SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE ON March 23, 2011, (PCP) ordered to he and that the order w Further record revie p.m., however, reve Client #3 was evaluaneurologist recomme level and if level fall Dilantin at 100 mg April 7, 2011 at 1:15 client's Dilantin was and was continued in review of a lab report revealed the client's elevated (45.3 mcg/ At the time of the su that the a repeat set recommended by th resuming Client's Di 483.460(I)(1) DRUG RECORDKEEPING The facility must sto conditions of security for one of si facility. (Client #3) The finding includes During the medication 2011, at 8:12 p.m., to	OF CORRECTION IDENTIFICATION NUMBER: 09G120 PROVIDER OR SUPPLIER UAL DEVELOPMENT, INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 on March 23, 2011, the primary care physician (PCP) ordered to hold the Dilantin for three days, and that the order was implemented. Further record review on April 7, 2011, at 12:25 p.m., however, revealed on March 25, 2011, the Client #3 was evaluated by the neurologist. The neurologist recommended to repeat the Dilantin level and if level falls between 10 -20, resume Dilantin at 100 mg TID. Review of the MAR on April 7, 2011 at 1:15 p.m. revealed that the client's Dilantin was resumed on March 26, 2011 and was continued until March 30, 2011. The review of a lab report dated March 31, 2011 revealed the client's serum dilantin was still elevated (45.3 mog/ml). At the time of the survey, there was no evidence that the a repeat serum Dilantin was obtained as recommended by the neurologist, prior to resuming Client's Dilantin dosage. 483.460(I)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to store drugs under proper conditions of security for one of six clients residing in the	RS FOR MEDICARE & MEDICAID SERVICES IT OF DEFICIENCIES OF CORRECTION (X1) PROVIDER SUPPLIER UAL DEVELOPMENT, INC. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) Continued From page 11 on March 23, 2011, the primary care physician (PCP) ordered to hold the Dilantin for three days, and that the order was implemented. Further record review on April 7, 2011, at 12:25 p.m., however, revealed on March 25, 2011, the Client #3 was evaluated by the neurologist. The neurologist recommended to repeat the Dilantin level and if level falls between 10 -20, resume Dilantin at 100 mg TID. Review of the MAR on April 7, 2011 at 1:15 p.m. revealed that the client's Dilantin was resumed on March 26, 2011 and was continued until March 30, 2011. The review of a lab report dated March 31, 2011 revealed the client's serum dilantin was still elevated (45.3 mcg/ml). At the time of the survey, there was no evidence that the a repeat serum Dilantin was obtained as recommended by the neurologist, prior to resuming Client's Dilantin dosage. 483.460(I)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of security for one of six clients residing in the facility. (Client #3) The finding includes: During the medication administration on April 5, 2011, at 8:12 p.m., the license practical nurse	RS FOR MEDICARE & MEDICAID SERVICES IT OF DEFICIENCIES OF CORRECTION OPAGINAL TIPLE CONSTRUCTION A BUILDING B. WING SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FILL REGULATORY OR ISC IDENTIFYING INFORMATION) Continued From page 11 On March 23, 2011, the primary care physician (PCP) ordered to hook the Dilantin for three days, and that the order was implemented. Further record review on April 7, 2011, at 12:25 D.m., however, revealed on March 25, 2011, the enurologist recommendate to repeat the Dilantin level and is level falls between 10 -20, resume Dilantin at 100 mg TID. Review of the MAR on April 7, 2011 at 11:5 p.m. prevaled that the claim's Dilantin was resurred on March 28, 2011 and was continued until March 30, 2011. The review of a lab report dated March 31, 2011 revealed the Cleint's serum dilantin was still elevated (45.3 mcg/ml). At the time of the survey, there was no evidence that the a repeat serum Dilantin was obtained as recommended by the neurologist, prior to resuming Client's Dilantin dosage, 483.460(0(1) DRUG STORAGE AND RECORDEEPING This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to store drugs under proper conditions of security for one of six clients residing in the facility one medication administration on April 5, 2011, at 8:12 p.m., the license practical nurse	FIRSTOR MEDICARE & MEDICAD SERVICES OF CORRECTION (X1) PROVIDERSUPPLIER (X2) PROVIDERSUPPLIER (X3) PROVIDERSUPPLIER (X4) PROVIDERSUPPLIER (X5) PROVIDERSUPPLIER (X6) PROVIDERSUPPLIER (X7) PROVIDERSUPPLIER (X8) PROVIDERSUPPLIER (X8) PROVIDERSUPPLIER (X9) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X2) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERSUPPLIER (X1) PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE, NOT OF CORRECTION (EACH CORRECTION, DC 20018 PREFIX (EACH CORRECTIVE, ACTION BHOULD BE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE, ACTION BHOULD BE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE, ACTION BHOULD BE PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE, ACTION BHOULD BE PROVIDERS PLAN OF CORRECTION (EACH CORRECTION, DC 20018 PREFIX (EACH CORRECTION, DC 20018 PREFIX (EACH CORRECTION, DC 20018 PROVIDERS PLAN OF CORRECTION (EACH CORRECTION, DC 20018 PREFIX (EACH CORRECTION

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE					FORM	: 04/28/2011 I APPROVED): 0938-0391
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTIC	МС	(X3) DATE S	URVEY
	09G120	B. WI	Æ		04/0	08/2011
AME OF PROVIDER OR SUPPLIER N DIVIDUAL DEVELOPMENT ,	INC.		STREET ADDRESS, CIT 2620 24TH STREET WASHINGTON, D	T, NE		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDE X (EACH COR	ER'S PLAN OF CORRE RRECTIVE ACTION SH ERENCED TO THE APP DEFICIENCY)	IQULD BE	COMPLETION DATE
kitchen. Further observations were dunsecured. Contin direct care staff and sitting at the dining medication cart. Interview with the Lapproximately 8:45 medications should nurse was away from the LPN failed to estored under proper 483.470/I)(1) INFECT There must be an aprevention, control, and communicable. This STANDARD is Based on observation review, the facility facontrol procedures, the sample. (Client The finding includes On April 5, 2011, at home from her day facility, the direct support staff the direct support staff the sample of the p.m., the client begand as she bit her direct support staff the sample of the procedures and the procedures are she bit her direct support staff the sample of the procedures are she bit her direct support staff the sample of the procedures are she bit her direct support staff the sample of the procedures are she bit her direct support staff the sample of the procedures are sample.	or retrieve water from the servation revealed Client #3's on the medication cart used observation revealed the distributed observation revealed the distributed observation revealed the distributed observation revealed the distributed from the medication cart. PN on April 5, 2011, at p.m., revealed that Client #3's have been secured when the mither medication cart. Vidence that all drugs were recorditions of security. CTION CONTROL active program for the and investigation of infection diseases. Is not met as evidenced by: on, interview and record alled to ensure proper infection for one of the three clients in #3). 4:30 p.m., Client #3 arrived program. Upon entering the pport staff pushed the client in edining room table. At 4:38 and to play with her "busy bee" hand. At 4:43 p.m., the look the "busy bee" away and		This Standard as evidenced I Pursuant to ID and Procedure: (Healthcare Primarual: Section Number 3; Me Variance Report Manual: Section Number 3; Me Variance Report Manual: Section Number 3; Me Variance Report Medications are stored, and communing staff. I retrain nursing IDI's Policies: Procedures for medications, in specifically the medication admedication will be met by: If Policies s rotocol on M, dication ort) all re received, introlled by IDI will s staff on and recurring including e security of its during		5/13/11 On-going	
Seconds later, the c	plesauce in front of the client.		Conflict Property			

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If continuation sheet Page 14 of 14

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DEPAR	TMENT OF HEALTH	HAND HUMAN SERVICES				J: 04/28/2011 MAPPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				0. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	(X3) DATE (COMPL	
· ·		09G120	B. WING		04/	08/2011
	PROVIDER OR SUPPLIER UAL DEVELOPMENT,	INC.		TREET ADDRESS, CITY, STATE, ZIP COD 2620 24TH STREET, NE WASHINGTON, DC 20018		
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W 455	applesauce. The casked to wash her in her mouth and conceived infection capproximately 6:30 received infection capproximately 6:30 received infection capproximately 6:30 received infection of 5:00 commentation of 5:00 c	client was not observed to, or hands prior to putting her hand onsuming her snack. ing records on April 5, 2011, at p.m., revealed that staff control training on December 1, 011, at 9:35 a.m., the qualified ional person (QIPD) provided staff training on April 5, 2011 ril 6, 2011 (7:30 a.m. and 2:00 hand sanitizer and wipes. It approximately 3:30 p.m., rouse manager revealed that o clean and sanitize Client #3's haladaptive behaviors of hand	W 455	W455 This Standard will be met as evidenced by: On April 5, 2011, and April 6, 2011, in-service training was conducted on the usage of hand sanitizer. The QDDP will ensure that all staff receives infection control training at least annually and as needed to ensure compliance with training as outlined.		4/6/11 On-going
. , j						!

Event ID; Q10X11

Facility ID: 09G120

Health Regulation Administration

PRINTED: 04/28/2011 FORM APPROVED

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED		
1445 65 6	5515555 1-5 51-5-1-1-1-	HFD03-0051		04/08/2011				
LAME OF P	ROVIDER ()R SUPPLIER			ODRESS, CITY, STATE, ZIP CODE				
INDIVIDU	JAL DEVELOPMENT,	INC.	2620 24TH WASHINGT	STREET, ON, DC 2	NE 20018			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(XS) COMPLETE DATE	
1 000	INITIAL COMMENT	rs		1 000				
	2011 through April a of three residents w	was conducted from 8, 2011. A random seas selected from a ratious with various /.	esidential	•				
	observations in the interviews with staff programs, as well a administrative, and	survey were based on home and three day in the home and the sa review of the clin habilitation records, sual incident reports.	program, e day nical, includina					
1 042	3502.2(b) MEAL SE	RVICE / DINING AF	REAS	042	3502.2(b) This status will be met as		4/22/11	
;	Modified diets shall	be as follows:			evidenced by:		•	
ة مديد : .	(b) Plarified, prepar who have received and	ed, and served by in instruction from a die	dividuals etitian;		Cross reference W192] 	
	Based on observation review, the Group Handlectual Disability that modified diets v	met as evidenced by on, interview and rec lome for Persons wit y (GHPID) failed to e vere served as preso idents (Resident #3)	ord th ensure cribed, for					
.	The finding includes	i.	į			•	ļ	
	The facility failed to trained to implement diet, as evidenced b	ensure staff was ade t Resident #3's preso elow:	equately cribed					
	observed eating gro greens, and whole c at 3:55 p.m., the res	5:45 p.m., Resident: und chicken nuggets hili beans. On April (ident was observed)	s, collard 3, 2011.	,				

ABORATORY PURECTORS OF PROVIDENSUPPLIER REPRESENTATIVE'S SIGNATURE

Health F	Regulation Administr	ation			<u> </u>	FORM	APPROVED	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD03-0051	er/Clia IMBER;	(X2) MULT A. BUILDI B. WING	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
NAME OF P	ROVIDER OR SUPPLIER	11.000.0001	PTRICT AN	DOESS OF	57177 - 4445	04/0	08/2011	
	JAL DEVELOPMENT,	INC.	2620 24Ti	H STREET, STON, DC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	· 🚍 11 1 1	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(XS) CCMPLETE DATE	
1042	nutrition assessment recommendation for high fiber, 1500 call chopped firm and s and sting beans) di- intellectual professi- that the sun chips v	is for snack. Review on at 4:10 p.m., reveau or a low fat, low chole orie, moist ground metring vegetables (i.e. et. Minutes later, the conal person (QIPD) is vere required to be in a that the chili beans	aled a sterol, eat, finely greens equalified ndicated	I 042				
	review of the physic 2011, revealed the order was low fat, localorie, moist groun and string vegetable beans), and small becookies, crackers, con April 6, 2011, at revealed that all statitraining on Novembers.	approximately 4:00 pain's orders dated M resident's prescribed by cholesterol, high find meat, finely choppes (i.e. greens and strict size bread, pastrict anned and fresh fruit y's in-service training approximately 4:30 pff had received nutritier 19, 2010. There yis had been effective	larch 1, I dietary liber, 1500 ed firm ling es, t. I recordsm., lon was no					
	3504.1 HOUSEKEE	_		1 090			·	
	maintained in a safe and sanitary manne accumulations of dir odors.	t, rubbish, and objec	tionable					
	Based on observatio Home for Persons w (GHPID) failed to en maintained in a safe	met as evidenced by: on and interview, the rith Intellectual Disab sure the environmen , clean and orderly m	Group ility	-			,	
ealth Regula	tion Admiristration						J	
TATE FORM			644	, 0	1 0 X11	If continuation	nt short 2 of 13	

Health F	Regulation Administra	ation_				, 0, 4,	IVW (NOVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER OF THE PROVIDER OF		(X2) MUL A. BUILDI B. WING		(XS) DATE (ETED
NAME OF E	PROVIDER OR SUPPLIER	111 505-0051	STREET AND	PESS CITY	STATE, ZIP CODE	04/0	08/2011
	JAL DEVELOPMENT,	INC.	2620 24TH WASHING	STREET,	NE		:
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETE DATE
1 090	Continued From pa	ige 2		I 090	75041		
		six of six residents in #1, #2, #3, #4, #5, ar e:			3504.1: This status will be met as evidenced by: 1. On April 25, 2011, the bed identified to have		4/25/11
<i>:</i> ·	walk-through on Ap 10:55 a.m., reveale type of noise when	ing the environmenta inil 7, 2011 at approxi- id the bed made the it was lowered with the he surveyor was acco	mately same		made a noise when lowered with the electrical control was assessed by the adaptive equipment		
e general Profes	by the house mana the finding.	al control. The surveyor was accompanied house manager (HM), who acknowledged ling.			technician. During that assessment, no issues or concerns were identified		
,	the surveyor sustain the dining room tab p.m., the surveyor s	at approximately 2:1 ned a splinter on her le. At approximately sustained another spl posite side of the dini	leg from 4:30 linter on		with the bed. The bed was found to be working condition.		
	table. Continued ob the same time reve	servation of the dinin aled other edges with mentioned findings w	g table at		2. The dining room table will be assessed for safety from IDI's maintenance department repair or		
	During the observapproximately 10:4: were observed by the acknowledged by the control of th	rvations on April 7, 20 5 a.m., the following the surveyor and the surveyor and the home manager:	011, at findings		replacement will be done based on the evaluation. 3. (A) The torn chair has		
-	a. The vinyl upholst	ery on the chair locat	ed in ple		been removed from client#1's room. The RD will ensure there is no damaged furniture in the		
! !	b. The unholstery of located in the foyer	n the arms of the love area was tom.	e seat		home.		
i 180	3508,1 ADMINISTR	ATIVE SUPPORT		i 180	(b).The RD has submitted a check request for a new		
., ;		provide adequate of to efficiently meet			chair.		

ealth Regulation Administration

TATE FORM

Health F	Regulation Administr	etton				1 0144	AFFROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTA BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE S COMPL	
NAME OF F	ROVIDER OR SUPPLIER	,	STREET ADDR	ESS, CITY	STATE, ZIP CODE	1 0-00	MIZUII
	JAL DEVELOPMENT,	INC.	2620 24TH S WASHINGT	STREET.	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATÉMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULI	ID PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFIGIENCY)	HE ĆIK	COMPLETE DATE
! 208	Based on observation review, the Group Intellectual Disability adequate administry habilitation needs of sample. (Residents The finding Include: The qualified intelle (QIPD) failed to concive treatment profess. 1. The QIPD failed treatment professeries was proved (See federal deficient accomplishment of individual program preasurable terms, #3's targeted behave report - Citation W2 3509.6 PERSONNE Each employee, pricannually thereafter, certification that a herformed and that	met as evidenced by ion, interview, and rectome for Persons with y (GHPID) failed to evalve support to meet favo of three resides #1 and #3) as: actual professional perordinate and monitor ograms of Residents #1 and #3 are continuous ided for Residents #1 and report - Citation was documented for the monitoring of riors. (See federal decays)	cord th risure tithe rison the #1 and active and #3, W249) e to ne d in Resident ficiency the cian's een ith status	208	3508.1: This status will be met as evidenced by: Cross reference W249 Cross reference W252 3509.6: This status will be met as evidenced by: Health Certificates will be obtained for Consultant #1 and Consultant #2. IDI Human Resources will continue to track the expiration dates of Consultant's Health Certificates.		4/22/11 On-going 5/13/11 On-going
ealth Regula FATE FORM	ntion Administration		dans		210X11	If continuati	on sheet 4 of 13

Health F	Regulation Administra	ation			<u> </u>		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI HFD03-0051		(X2) MULT A. BUILDII B, WING		(X3) DATE S COMPL	EUR\/EY ETED
NAME OF P	PROVIDER OR SUPPLIER		STREET ADD	RESS. CITY.	STATE, ZIP CODE	<u> </u>	1074.011
,	JAL DEVELOPMENT,	INC.	2620 24TH WASHING	STREET,	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1 206	Continued From pa	ge 4		1 206			
er en en en en en en en en en en en en en	This Statute is not Based on staff inter group home for per disabilities (GHPID health screening wire fourteen (14) consured professional service. The finding included on April 6, 2011, at review of the facility	met as evidenced by rview and record revisions with intellectual failed to ensure an as provided for two (2 ultants contracted to les. Consultants #1 as: t approximately 4:00 /s files revealed then	ew, the annual 2) of provide and #2) p.m., e were no				
	or Consultant #2. C approximately 4:30 was notified and ac certificates were ex indicaled current he obtained. At the tin	ficates on file for Con On April 6, 2011, at p.m., the administration knowledged that the prized for both consul- ealth certificates would ne of the survey exit, had not been provided insultants.	tive office health tants, and id be current		3510.3:		4/6/11
I 222	3510.3 STAFF TRA There shall be cont training programs s	AINING finuous, ongoing in-secteduled for all pers	ervice onnel.	1 222	This status will be met as evidenced by: Cross reference W455		On-going
	Based on observati review, the GHPID ongoing in-service t	met as evidenced by on, staff interview an failed to ensure a coltraining program to a three residents in the	d record ntinuous, ddress	·		 	
	The finding includes The GHPID failed to infection control me evidenced below:	s: o ongoing training to easures for Resident:	staff on #3, as	•		·	
lealth Regula	ation Administration			10 (210X11	If continue	on sheet 5 of 13

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED			
		HFD03-0051			B, WING			04/08/2011		
NAME OF P	ROVIDER OR SUPPLIER	,	STREET ADDRESS, CITY, STATE, ZIP CODE			j ,				
INDIVIDU	JAL DEVELOPMENT,	INC.		STREET, I						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCE MUST SE PRECEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHO HE APPR	ULD BE	, (X5) COMPLETE DATE		
l 401	Continued From pa	ge 6		I 401			······································			
	failed to ensure that provided in accorda	t treatment services once with the need of sample. (Resident #3	one of	·						
	The finding includes: The GHPID failed to timely implement measures to address recommendations by the neurologist, to decrease Resident #3's elevated serum dilantin, as evidenced below:									
	Review of Resident #3's record on April 5, 2011, at 2:25 p.m., revealed an incident report dated February 7, 2011. According to the report, the client was evaluated at the emergency room due to having two brief seizures within fifteen minutes. Observation during the medication administration on April 5, 2011 at 8:16 p.m., revealed the client did not receive Dilantin, one of her seizure medications.					erlede mer mer mer mer der mer der mer de der der der der der der der der de				
	p.m. revealed the cit address her seizure medication was on hevel. Further interview 2011 at 2:40 p.m., in had been on hold sinterview with the nup.m. revealed that or	arse on April 5, 2011 ient was prescribed ! disorder, however the latest an elevate with the nurse on adicated the client's ! nee March 31, 2011. In March 25, 2011, the nedation were disceptivation.	Dilantin to ne ed blood April 6, Dilantin at 1:15							
. :	7, 2011, at 12:11 p.n	a Dilantin level of 54 10 -20 mcg/ml), whic ic." Continued reviev	h 23, .5 h was							

Health F	Regulation Administra	ation						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HFD03-0051		(XZ) MUL A BUILDI B. WING			(X3) DATE : COMPI	ETED
NAME OF F	PROVIDER OR SUPPLIER	HPD03-0051	CTDEET AD	DOESS CITY	STATE, ZIP CODE	 	U4r	08/2011
NAME OF F	TRUVIDER LIK SUPPLIER			•	· · · · · · · · · · · · · · · · · · ·			
INDIVIDI	JAL DEVELOPMENT,	INC.		H STREET, STON, DC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL .	. ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOU	LO BE	(X5) COMPLETE DATE
1 222	Continued From pa	ige 5		1 222				
· •	arrived home from entering the GHPID pushed the residen	t 4:30 p.m., Resident her day program. Up b, the direct support s it in her wheelchair to At 4:38 p.m., the res	pon staff o the		·			
* ;# *:	began to play with I bit her hand. At 4:4 took the "busy bee" applesauce in front	her "busy bee" game 43 p.m., the direct su " away and placed a l t of the resident. Se vas observed eating	as she pport staff bowl of conds		• .		•	
·	applesauce. The i or asked to wash he hand in her mouth a	resident was not obsi er hands prior to puti and consuming her s	erved to, ling her nack.					
	approximately 6:30 trained on infection On April 6, 2011 and documentation of s (6:15 p.m.) and April	ing records on April 5 p.m., revealed that s control on December id 9:35 am, the QIPD taff training on April 6, 2011 (2:00 a.m. f hand sanitizer and v	staff was or 1, 2010. o provided 5, 2011 and 7:30					
	interview with the hi staff are required to due to her maladap	t approximately 3:30 ouse manager revea o sanitize Resident #otive behaviors of har	led that 3's hands					
 401 	mouthing and hand 3520.3 PROFESSIONS	oming. ON SERVICES; GEN	IERAL	1 40 1	3520.3: This status will be met as evidenced by:	;	•	4/8/11 On-going
	and evaluation, incli developmental leve services, and services	es shall include both uding identification o as and needs, treatm ses designed to previ her loss of function b	f ent ent		Cross reference W322			
anth Dage	This Statute is not Based on interview ation Administration	met as evidenced by and record review, t	: ne GHPID		·		•	!
TATE FOR				B00	010711		Manual	

Health F	Requiation Administra	ation					
	T OF DEHCIENCLES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI HFD03-0081		(X2) MULT A. BUILDII B. WING	RIPLE CONSTRUCTION NG	(X3) DATE S COMPLE	
NAME OF P	ROMDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE	V-470	9/2011
INDIVIDL	JAL DEVELOPMENT,	INC.	2620 24TH WASHING	STREET.	NE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FIEL !	ID PREFIX TAG	PROVIDER'S PLAN OF CE (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(XS) COMPLETE DATE
I 401	Continued From pa	ge 7		i 401		-	
İ	•	- P) ordered to hold the	e Dilantin	,			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	p.m., however, rever Resident #3 was even The neurologist reconstruction of the Dilantin level and if	ew on April 7, 2011, a caled on March 25, 2 valuated by the neuro ommended to repeat level falls between 1	011, the logist. It the 0 -20.				
	medication adminis 7, 2011 at 1:15 p.m Dilantin was resume was continued until of a lab report dated	100 mg TiD. Review tration record (MAR). revealed that the clied on March 26, 201 March 30, 2011, The March 31, 2011, reliantin was still elevations.	on April ient's 1 and e review vealed				
	that the a repeat se	urvey, there was no e rum Diantin was obt ne neurologist, prior t s Dilantin dosage.	ained as				
I 404	3520.6 PROFESSIO PROVISIONS	ON SERVICES: GEN	ERAL	1 404	3520.6: This status will be met as evidenced by:		
	as appropriate, each with a resident in the professional instruct	ervice provider shall nother person who is GHMRP so that rel tions can be implemented dent 's programs and	working evant ented		Cross reference W120	· .	
	Based on observation review, the GHPID for services met the new time new ti	met as evidenced by: on, interview and rectailed to ensure that called to ensure that called to ensure the thing the sample. (Resid	ord outside ree	ı			
	The findings include						

Q10X11

if continuation sheet 8 of 13

Health Requisition Administration

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		ER/CLIA MBER:	(X2) MULTIF A. BUILDING B, WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/08/2011		ETED
AME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADD	RESS, CITY S	TATE, ZIP CODE	<u> </u>	1 04/0	R6/2011
	IAL DEVELOPMENT		2820 24TH	STREET, N	E			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	'FULL !	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CRDSS-REFERENCED TO THE DEFICIENCY)	SHO	ULD BE	COVPLETE
l 404	Continued From p	age 8		1404			· · · · · · · · · · · · · · · · · · ·	
	remained in her will lunch, as recomme therapist. Observation on Aprevealed Resident angle in her wheel Observations cond April 6, 2011, at 12 transferred the resident arm chair at the calcontinued observatiow in her chair, all table as she leane program staff place of her. Seconds lather lunch, raking the seconds later lunch, raking the seconds are lunch, raking the seconds.	am failed to ensure Reheelchair while she at ended by the occupation of 5, 2011, at 5:40 p.r. #3 seated at a 90 dechair, while eating heiducted at the day progression from her wheelcheteria table to eat he ation revealed the residents lunched over. At 12:53 p.m., ad the resident beganne food from the plate over hand assistance.	e her ional m., gree r dinner. gram on e staff chair to an er meal. dent sat ch the the day h in front n to eat			10 - In the state of the state		
	On April 7, 2011, a review of Resident reassessment date revealed the reside wheelchair white experimal height and approximately 1:15 protocol revealed to seated at 90 degree. On April 7, 2011, a GHPID's qualified if (QiPD) revealed ship day program st protocol. Record review on A 11:00 a.m. revealed.	t approximately 1:00 i	her her he at her healtime do to be with the all person hed the healtime					
ith Regula	tion Administration	•	561	9 Of	Ox11		If continuette	on sheet 9 of 13

Health Regulation Administration

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(XX) DATE SURVEY COMPLETED		
	.,	HFD03-0051		B. WING			04/0	8/2011
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
INDIVIDL	JAL DEVELOPMENT,		Washing	iton, DC 2	NE 20018			
(X4) ID PREFIX		TEMENT OF DEFICIENCIE MUST BE PRECEDED BY		ID .	PROVIDER'S PLAN OF CO			QCD)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	TION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERÊNCED TO THE DEFICIENCY)			COMPLETE
1404	Continued From pa	ge 9		1 404				
* 1	the day program sta 1:10 p.m., revealed	raining had been pro aff. Further record re- the day program sta PD on Resident #3's 2011.	view at			desta a constant	,	
	#3 received food in	failed to ensure that a form consistent wi leeds, as evidenced	th her	,				
	served ground chick chili beans at her gr at 12:53 p.m., obset program revealed R	5:45 p.m., Resident cen, collard greens a cup home. On April retions conducted a tesident #3 was served that consisted of deans.	nd whole 6, 2011, t the day ed a					
	2011, at 3:55 p.m., trained on Resident April 6, 2011, at ap QDDP presented a dated April 6, 2011,	HPID's (QDDP) on A revealed the day pro- #3's mealtime proto- proximately 1:10 p.m. agenda and attendar which documented of f on the feeding proto-	gram was col. On i., the nce sheet retraining					
	training to its resider and maintain those imore effectively with environments and to of physical, mental a This Statute is not reased on observation review, the GHPID for	provide habilitation and to control to enable them to life skills needed to control the demands of the control their optimism of social functioning met as evidenced by and rectalled each resident was	eacquire cope ir um levels 3.	i 420	3521.1 This status will be met as evidenced by: Cross reference W249			4/22//11 On-going
	provided with hability them to cope more tion Administration	ation and training to effectively with the d	enable emands					

Health Regulation Administration								FORM AFFROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		HFD03-0051		B. WING			04/	08/2011		
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE	† 	, ,			
INCUVICAL DIEVEL CIEMPENT INC.			H STREET, STON, DC 2	* = 2						
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLET		(XII) COMPLETE DATE			
l 42 0	Continued From page 10			1420						
,	of their environments and to achieve their optimurn levels of physical, mental and social functioning for two of three residents in the sample (Residents #1 and #3)									
	The findings include:									
	revealed the license assisted Resident as kitchen to select a skitchen, the LPN to to get her a snack. not to give her a sni LPN at the same tire.	April 5, 2011, at 5:17 ad practical nurse (Lift from the living rootsnack. As they walke lift the resident she will however, the LPN deack. In an interview me, the LPN stated "bedroom around 2:00 til after dinner.	N) m to the d to the as going ecided with the I gave							
	staff handed the res	at 5:31 p.m., the direct sident a tambourine. I port staff assisted the or dinner.	At 5:38							
	(IPP) dated July 20: a.m., revealed an ofher low tech commit by manual signs and wants and needs. (review of the reside evaluation dated Ap recommendation the prompts accompani tactile cues, [the res voice output commit a daily basis to expr needs."	*#1's individual programment of the programment of	at 8:50 #1 to use empanied ess her :25 a.m., uage a h and v tech Talk) on							
j	Interview with the Q on the same day at	tPD and the house π 5:00 p.m., acknowled	nanager iged that				•	· .		

Health Regulation Administration							FORM APPROVED		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0051		er/Clia MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED			
NAME OF F	PROVIDER OR SUPPLIER	1 111 000-0001	STREET AD	DRESS, CITY, 5	STATE, ZIP CODE		1 04/0	<u>\$/2011</u>	
	UAL DEVELOPMENT,	INC.	2620 24T)	H STREET, I	NE .				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)			ID Prefix Tag	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(XS) COMPLETE IXATE	
1420	420 Continued From page 11			1420		İ			
	Resident #1's com	taff did not impleme munication goal, while the resident's "Go Ti	ch l						
•	At no time during the survey was any staff observed implementing the resident's communication goal.							,	
	implemented Resid	ence that the GHPID lent #1's communica recommended in th	tion e IPP.	ļ				 	
	revealed the direct: #3 what she wanted afterwards, a secon "What did she say? not respond and platfront of the resident the direct support si was nonverbal. How observed to be proved to	April 5, 2011, at 4:40 support staff asked if if or a snack. Shortly ind direct care staff as The direct support aced a bowl of apple to At approximately 5 taff indicated that Revever, the resident wided a choice of snat support staff placedice in front of the resident	Resident sked, staff did sauce in :00 p.m., sident #3 as not icks, At ident and						
	support staff then si 4:57 p.m., the direct communication dev 5:03 p.m., the direct Bee" garne in front (ingry" button. The dil tated, "How do you fe t support staff took th ice away from the re- t support staff placed of the resident. At 5;4 taff placed the resident.	eei?" At ne sident, At I a "Busy 10 p.m	,			ļ		
	April 7, 2011, at 2:00 objective for Reside output (cheap talk) ocommunicate basic and well being to pa	#3's IPP dated July : 0 p.m., revealed a train #3 to use a low tewith touch prompts to wants and emotional ensons in her environs	aining ch voice o I status				.		
Paith Regula TATE FORM	ation Administration			** Q1	IQX11		if continuation	sheel 12 of 13	

Health F	Regulation Administra	ation				/ 01444	74 TROTES
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: WHEN THE PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF P	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
				STREET, N TON, DC 20			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1 420	Continued From page 12			1420	•		,
	of the resident's spidated July 8, 2010, that stated, "Given will utilize a low tecl talk) to communical status and well being environment". Interview with the Con the same day at the direct support size Resident #3's communical support size of the same day at the direct support size of the same day at the direct support size of the same day at the direct support size of the same day at the direct support size of the same day at the direct support size of the same day at the direct support size of the same day at the direct support size of the same day at the direct support size of the same day at	proximately 2:30 p.rr eech and language e revealed a recomme touch prompts [the rent touch prompts and end to basic wants and end to persons in her sing to pers	valuation endation esident] (cheap motional nanager dged that				
i	During the survey, to observed to use the the resident for only	he direct support sta communication dev	ff were ice with				
į	There was no evide	ence that the GHPID ent #3's communicat	ion				
ealth Rogula	ation Administration						
TATE FORM			661	9 Q1	IOX11	If continuation	n sheet 13 of 13